

# Foster Family Home - Deficiency Report

Provider ID: 1-512378

Home Name: Marivyn Casino, CNA

Review ID: 1-512378-10

91-1035 Opaehuna Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/2/2021

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification. Deficiency report issued and corrective action due to CTA within 30 days

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d)(1) By order of a physician;

Comment:

47.(d)(1) unable to locate [REDACTED] for client # 1

Foster Family Home	Records	[11-800-54]
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54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(7) Expenditure records; and



Comment:

54.(c)(2) Service plan for client #1 and 2 have discrepancy between MD order, service plan and actual CCFFH practice

Service plan for client # 2 has not been updated since 7/2020

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

  
Compliance Manager  
  
Primary Care Giver

8/2/21  
Date  
8/2/21  
Date